

NUMBER_____

REQUEST FOR SECURITY CHECK

NAME:_____
PHONE#:_____

ADDRESS:_____

DEPARTURE DATE:_____ RETURN DATE:_____ DESTINATION_____

RESIDENCE:_____ BUSINESS:_____ SECURITY SYSTEM: YES___ NO___

AUTOMATIC LIGHTS: NO___ YES___ IF YES, LOCATION_____

HAVE KEYS BEEN LEFT WITH ANYONE? YES___ NO___ PHONE #_____
IF YES, NAME:_____ ADDRESS_____

DESCRIPTION	OF	VEHICLES	LEFT	ON	PROPERTY

WILL ANYONE BE WORKING ABOUT OR HAVE ACCESS TO PREMISES DURING YOUR ABSENCE?
YES___ NO___ IF YES, NAME(S)_____

IN CASE OF EMERGENCY DO YOU WISH TO BE NOTIFIED BY COLLECT CALL? YES___ NO___
C/O NAME:_____ ADDRESS_____ PHONE
#_____

Dear Resident,

This security check service in no way guarantees that your property will be safe from vandalism or burglary, but merely provides the police department with information of your whereabouts and the pertinent facts if a crime should occur.

Have a safe journey and please call us upon your return.

I REQUEST A SECURITY CHECK BE MADE OF MY PREMISES AND AGREE TO ALLOW EMPLOYEES OF THE EAGAR POLICE DEPARTMENT TO ENTER MY PROPERTY AND, IF NECESSARY, MY RESIDENCE OR ANY BUILDINGS AND TO NOTIFY YOU OF MY RETURN. I HOLD THE TOWN OF EAGAR, THE EAGAR POLICE DEPARTMENT AND ITS AGENTS HARMLESS FOR ANY INJURY OR DAMAGE THAT MAY OCCUR.

SIGNED_____ DATE_____

OFFICERS SECURITY CHECK REPORT

<u>DATE</u>	<u>TIME</u>	<u>STATE IF PREMISES SECURE OR OTHER</u>	<u>OFFICER'S INITIALS</u>